

County of Los Angeles - Department of Mental Health Chief Information Office Bureau

EFT Access Form Legal Entity Data Extract Request Form for Enhanced File Transfer

Please Print All Information

Request Type
New X Renewal Delete
Please note: Your account will expire 1 year from account creation or renewal.
Instructions
Please complete this form in its entirety and return it to: Department of Mental Health 695 S. Vermont Ave., 8 th floor Los Angeles, CA 90005 ATTN: Systems Access Unit Processing can take up to seven (7) business days. Incomplete forms will not be processed. Original signatures only. Stamp
signatures will not be processed.
Applicant Information
Print Applicant Name: Sally Sample
Last 4 digits of Social Security Number: 9999 Day of Birth: 17 Logon ID
Legal Entity Number: 555 Legal Entity Name: Happy Street Center
Telephone Number: 213-888-1234 E-mail Address: Sally@happystreetcenter.org
Requestor's Signature: Date: 7/1/2011
Requesting: Download Access Upload Access Confidential Oath Attached
Chief Executive Officer Print name: Jonathan Ceo By signing this form you hereby grant the above employee access to date provided by the Los Angeles County—Department of Mental
Health for your organization. This data may included protected Health and/or claiming information, and is subject to protection as required by HIPAA standards and/or guidelines.
CEO Signature: Date Completed: 7/1/2011
Contact Person: Richard Contact Phone Number: 213-888-5678
Contact e-mail: Richard@happystreetcenter.org
Notice: Upon user termination, it is the Legal Entity's responsibility to notify CIOB via this form. The danger in not terminating the User ID is the user maintains access to your Legal Entity data and the potential to sabotage or misuse client's data exists.
For CIOB Use Only
Approved Rejected Remarks: Ticket #:
Info Security Verifier Name: Date Completed/ / Date to Network// Revised 7/20/2011